



## City of Seattle

Department of Planning and Development  
Applicant Services Center  
700 – 5<sup>th</sup> Avenue, Suite 2000  
P. O. Box 34019  
Seattle, WA 98124-4019  
(206) 684-8850

### **REQUEST TO RENEW or RE-ESTABLISH A PERMIT**

*(To be filled out by the applicant)*

Please renew/re-establish Permit # \_\_\_\_\_ Project # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

If original permit was issue before July, 1990, are tenants being relocated or displaced?: ☐ Yes  
☐ No What is the issue date of the original permit? \_\_\_\_\_.

Work started? ☐ Yes ☐ No If yes, at what stage: \_\_\_\_\_

Is it ready for the next required inspection? ☐ Yes ☐ No

How much work is left to be done? \$ \_\_\_\_\_ Or \_\_\_\_\_ %

If work has not started, reason for delay: \_\_\_\_\_

Scheduled date of completion: \_\_\_\_\_

Owner/Lessee: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **I UNDERSTAND THAT THIS DOES NOT CONSTITUTE A PERMIT**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Relationship to the project: Owner ☐ Contractor ☐ Other ☐

***(To be filled out by DPD staff)***

Kroll Page # \_\_\_\_\_ Zoning: \_\_\_\_\_ ECA # \_\_\_\_\_

Shoreline: Yes ☐ No ☐ Historical/District Landmark: Yes ☐ No ☐

Receipt # \_\_\_\_\_ Base fee: \$ \_\_\_\_\_

Date of Receipt \_\_\_\_\_ Additional fee: \$ \_\_\_\_\_

Total Received: \$ \_\_\_\_\_

Address established: ☐ Yes ☐ No

If not, EA form completed on (date): \_\_\_\_\_ P/S initials: \_\_\_\_\_

New Project #: \_\_\_\_\_ New Permit #: \_\_\_\_\_